

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WOMEN SPEAK OUT PAC

ADDRESS (number and street)

1200 NEW HAMPSHIRE AVE NW

SUITE 750

Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00530766

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Buchanan, Emily, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Buchanan, Emily, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 09 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y 09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		496911.89
(b) Cash on Hand at Beginning of Reporting Period.....	783691.36	
(c) Total Receipts (from Line 19)	277568.94	882781.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1061260.30	1379693.47
7. Total Disbursements (from Line 31).....	394427.49	712860.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	666832.81	666832.81
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	29314.43	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
09	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y
09	/	30	/	2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

277482.43

854282.43

(ii) Unitemized

86.51

17855.42

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

277568.94

872137.85

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

277568.94

872137.85

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

10643.73

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

277568.94

882781.58

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

277568.94

882781.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	221885.91	353542.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	221885.91	353542.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	172541.58	359317.67
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	394427.49	712860.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	394427.49	712860.66

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	277568.94	872137.85
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	277568.94	872137.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	221885.91	353542.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	10643.73
38. Net Operating Expenditures (subtract Line 37 from Line 36)	221885.91	342899.26

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

The committee is amending the 10/20/16 due to an error in payroll reporting that resulted from a miscommunication with the committee's employer of record, Headway. Headway provided the committee with a summary of payroll and mileage paid in all of September. The committee had actually requested a recap of payroll accrued at the end of September but not paid until October to provide accurate reporting to the public.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lewarne, Stephen, , ,

Mailing Address 3040 North Quincy Street

City
Arlington

State
VA

Zip Code
22207-4139

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Deloitte

Occupation (for Individual)
Principal

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : SA11AI.6585

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Menner, Michael, , ,

Mailing Address P.O. Box 49

City
Penfield

State
IL

Zip Code
61862-0049

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Diocese of Peoria

Occupation (for Individual)
Priest

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2016

Transaction ID : SA11AI.6574

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mudd, Maura, , ,

Mailing Address 40 Zaccheus Mead Lane

City
Greenwich

State
CT

Zip Code
06831-3753

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fortress Investment Group LLC

Occupation (for Individual)
CEO and Director

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2016

Transaction ID : SA11AI.6589

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Susan B Anthony List, Inc.

Mailing Address 1200 New Hampshire Ave NW
Ste 750

City
Washington

State
DC

Zip Code
20036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150000.00

Date of Receipt

MM / DD / YYYY
09 / 22 / 2016

Transaction ID : SA11AI.6593

Amount of Each Receipt this Period

150000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Susan B Anthony List, Inc.

Mailing Address 1200 New Hampshire Ave NW
Ste 750

City
Washington

State
DC

Zip Code
20036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241682.43

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.6595

Amount of Each Receipt this Period

91682.43

☐ Memo Item
In-kind - shared staff support donated by SBA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Suter, George, B., ,

Mailing Address 2580 Greenwood Acres Drive

City
Dekalb

State
IL

Zip Code
60115-4913

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

MM / DD / YYYY
09 / 12 / 2016

Transaction ID : SA11AI.6572

Amount of Each Receipt this Period

20000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

261682.43

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 40
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tarzian, Tom, , ,

Mailing Address 1100 South High Street

City

Bloomington

State

IN

Zip Code

47401-6108

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sarkes Tarzian Inc.

Occupation (for Individual)

Chairman of Board of Directors

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : SA11AI.6587

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

10000.00

277482.43

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. All Seasons Strategies, LLC

Mailing Address P.O. Box 3521

City
SpokaneState
WAZip Code
99202Purpose of Disbursement
Salary for Assistant National Director

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2016

FEC Identification Number

C**Transaction ID : SB21B.6620**

Amount of Each Disbursement this Period

7000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. All Seasons Strategies, LLC

Mailing Address P.O. Box 3521

City
SpokaneState
WAZip Code
99202Purpose of Disbursement
Salary for Assistant National State Director

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.6623**

Amount of Each Disbursement this Period

7000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ashley, Michelle, , ,

Mailing Address 1200 New Hampshire Ave NW Ste 750

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2016

FEC Identification Number

C**Transaction ID : SB21B.6619**

Amount of Each Disbursement this Period

271.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

14271.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 947

City
American ForkState
UTZip Code
84003-0947Purpose of Disbursement
Bank fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

FEC Identification Number

C**Transaction ID : SB21B.6557**

Amount of Each Disbursement this Period

77.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 947

City
American ForkState
UTZip Code
84003-0947Purpose of Disbursement
Credit Card processing fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

FEC Identification Number

C**Transaction ID : SB21B.6562**

Amount of Each Disbursement this Period

42.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Blevio, Chrissy, , ,

Mailing Address 1200 New Hampshire Ave NW Ste 750

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

FEC Identification Number

C**Transaction ID : SB21B.6615**

Amount of Each Disbursement this Period

138.37

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

257.94

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Campaign HQ

Mailing Address 109 West Front St

City
BrooklynState
INZip Code
52211Purpose of Disbursement
Telephone expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2016

FEC Identification Number

C**Transaction ID : SB21B.6591**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank

Mailing Address 1445 McLaughlin Ave

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Wire transfer fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2016

FEC Identification Number

C**Transaction ID : SB21B.6558**

Amount of Each Disbursement this Period

120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Chain Bridge Bank

Mailing Address 1445 McLaughlin Ave

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank fees for gift cards

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2016

FEC Identification Number

C**Transaction ID : SB21B.6381**

Amount of Each Disbursement this Period

119.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

739.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Design 4 Advertising

Mailing Address 106 N Collins St

City
Plant CityState
FLZip Code
33563Purpose of Disbursement
Edits to handouts

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		13		2016

FEC Identification Number

C**Transaction ID : SB21B.6560**

Amount of Each Disbursement this Period

538.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Escalante, Eileen, , ,

Mailing Address 1200 New Hampshire Ave

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2016

FEC Identification Number

C**Transaction ID : SB21B.6616**

Amount of Each Disbursement this Period

389.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Evolving Strategies

Mailing Address 3125 1st Place North

City
ArlingtonState
VAZip Code
22201Purpose of Disbursement
Research

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2016

FEC Identification Number

C**Transaction ID : SB21B.6564**

Amount of Each Disbursement this Period

20000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20927.88

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Fitzgerald, Tami, , ,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

Mailing Address 1200 New Hampshire Ave NW Ste 750

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Category/
Type
 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.6611**

Amount of Each Disbursement this Period

116.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Greco, Grayson, , ,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

Mailing Address 1200 New Hampshire Ave NW Ste 750

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Category/
Type
 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.6604**

Amount of Each Disbursement this Period

363.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Headway Workforce Solutions

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

Mailing Address 421 Fayetteville St #1020

City
RaleighState
NCZip Code
27601Purpose of Disbursement
Headway fees

Candidate Name

Category/
Type
 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.6598**

Amount of Each Disbursement this Period

33151.55

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

33631.19

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Headway Workforce Solutions

Mailing Address 421 Fayetteville St #1020

City
RaleighState
NCZip Code
27601Purpose of Disbursement
Director Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.6624**

Amount of Each Disbursement this Period

27969.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hollar, Jeremy, , ,Mailing Address 1200 New Hampshire Ave NW
Ste 750City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	9		2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.6607**

Amount of Each Disbursement this Period

217.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hollar, Jeremy, , ,Mailing Address 1200 New Hampshire Ave NW
Ste 750City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	9		2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.6613**

Amount of Each Disbursement this Period

177.83

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

28364.57

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Hollar, Jeremy, , ,Mailing Address 1200 New Hampshire Ave NW
Ste 750City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

FEC Identification Number

C**Transaction ID : SB21B.6614**

Amount of Each Disbursement this Period

194.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. i360

Mailing Address P.O. Box 37046

City
BaltimoreState
MDZip Code
21297-3046Purpose of Disbursement
Data Subscription

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2016

FEC Identification Number

C**Transaction ID : SB21B.6559**

Amount of Each Disbursement this Period

1900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Intuit

Mailing Address 2700 Coast Ave

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
Credit Card processing fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

FEC Identification Number

C**Transaction ID : SB21B.6561**

Amount of Each Disbursement this Period

15.95

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2110.83

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Love, Julie, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

Mailing Address 1200 New Hampshire Ave NW Ste 750

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.6617**

Amount of Each Disbursement this Period

224.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Miller, Desiree, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

Mailing Address 1200 New Hampshire Ave, NW
Suite 750City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.6612**

Amount of Each Disbursement this Period

129.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Parker, Mary, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

Mailing Address 1200 New Hampshire Ave NW Ste 750

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.6609**

Amount of Each Disbursement this Period

102.57

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

456.92

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Parker, Mary, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

Mailing Address 1200 New Hampshire Ave NW Ste 750

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.6618**

Amount of Each Disbursement this Period

294.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paychex

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Mailing Address 3060 Williams Dr
#200City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Payroll fees

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.6563**

Amount of Each Disbursement this Period

55.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Susan B Anthony List, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 1200 New Hampshire Ave NW
Ste 750City
WashingtonState
DCZip Code
20036Purpose of Disbursement
In-kind - shared staff support donated by SBA

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.6596**

Amount of Each Disbursement this Period

91682.43

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

92032.72

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Trace Strategies, LLC

Mailing Address 11104 Westpoint Court

City
Litte RockState
ARZip Code
72211Purpose of Disbursement
Salary for State Director, OH

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.6621**

Amount of Each Disbursement this Period

14000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Trace Strategies, LLC

Mailing Address 11104 Westpoint Court

City
Litte RockState
ARZip Code
72211Purpose of Disbursement
Salary for State Director, OH

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.6622**

Amount of Each Disbursement this Period

14000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Williams, Petrina, , ,

Mailing Address 1200 New Hampshire Ave NW Ste 750

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	2		2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.6599**

Amount of Each Disbursement this Period

409.49

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

28409.49

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Williams, Petrina, , ,

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
09		19		2016

Mailing Address 1200 New Hampshire Ave NW Ste 750

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.6610**

Amount of Each Disbursement this Period

490.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

490.91

221692.65

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 21 OF 40

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Existing Loan owed to SBA

Mailing Address 1200 New Hampshire Ave NW
Ste 750City
WashingtonState
DCZip Code
20036

Outstanding Balance Beginning This Period

10500.00

Transaction ID : SD10.4157

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Loan for FEC Reporting Services

Mailing Address 1200 New Hampshire Ave NW
Ste 750City
WashingtonState
DCZip Code
20036

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.4110

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Mailings Expense

Mailing Address 1200 New Hampshire Ave NW
Ste 750City
WashingtonState
DCZip Code
20036

Outstanding Balance Beginning This Period

5204.43

Transaction ID : SD10.4318

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5204.43

1) **SUBTOTALS** This Period This Page (optional)..... ►

20704.43

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 22 OF 40

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Original transactions put on SBA CC

Mailing Address 1200 New Hampshire Ave NW
Ste 750City
WashingtonState
DCZip Code
20036

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6625

Amount Incurred This Period

8610.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8610.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

8610.00

2) **TOTALS** This Period (last page this line number only)..... ►

29314.43

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

29314.43

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on MM / DD / YYYY	
Full Name of Payee <input type="checkbox"/> Memo Item American Marketing and Publishing			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2016	
Mailing Address 7380 Sprout Springs Road			Amount 1087.50	
City Flowery Branch	State GA	Zip Code 30542	Transaction ID : SE.6331	
Purpose of Expenditure Door Hangers- had originally reported 1357.50		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2016	
Name of Federal Candidate: LOVE, MIA, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought 3377.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item American Marketing and Publishing			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2016	
Mailing Address 7380 Sprout Springs Road			Amount 1087.50	
City Flowery Branch	State GA	Zip Code 30542	Transaction ID : SE.6334	
Purpose of Expenditure Door Hangers- had originally reported 1357.50		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2016	
Name of Federal Candidate: OWENS, H DOUGLAS, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought 4465.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			2175.00	
(a) SUBTOTAL of Unitemized Independent Expenditures				
(a) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Buchanan, Emily, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 10 / 27 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 24 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item American Marketing and Publishing			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 21 / 2016 </div>	
Mailing Address 7380 Sprout Springs Road			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4567.50 </div>	
City Flowery Branch	State GA	Zip Code 30542	Transaction ID : SE.6429 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 21 / 2016 </div>	
Purpose of Expenditure Door Hangers- Florid, originally reported 4587.50			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">100025.77</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item American Marketing and Publishing			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 21 / 2016 </div>	
Mailing Address 7380 Sprout Springs Road			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4567.50 </div>	
City Flowery Branch	State GA	Zip Code 30542	Transaction ID : SE.6431 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 21 / 2016 </div>	
Purpose of Expenditure Door Hangers- Florid, originally reported 4587.50			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	
Name of Federal Candidate: MURPHY, PATRICK E, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">35217.40</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9135.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Buchanan, Emily, , , [Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 10 / 27 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee American Marketing and Publishing			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 22 / 2016		
Mailing Address 7380 Sprout Springs Road			Amount 4567.50		
City Flowery Branch	State GA	Zip Code 30542	Transaction ID : SE.6436		
Purpose of Expenditure Door Hangers- NC		Category/ Type 006	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 22 / 2016		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 7357.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee American Marketing and Publishing			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 22 / 2016		
Mailing Address 7380 Sprout Springs Road			Amount 4567.50		
City Flowery Branch	State GA	Zip Code 30542	Transaction ID : SE.6438		
Purpose of Expenditure Door Hangers- NC		Category/ Type 006	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 22 / 2016		
Name of Federal Candidate: ROSS, DEBORAH K, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 61903.55			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			9135.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Buchanan, Emily, , ,</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 26 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Campaign Graphics <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2016	
Mailing Address 1229 N. Wakonda Street			Amount 441.89	
City Flagstaff	State AZ	Zip Code 86004	Transaction ID : SE.6300	
Purpose of Expenditure Lapel stickers and shirts for canvassers		Category/ Type 006	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2016	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought 95458.27			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Campaign Graphics <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2016	
Mailing Address 1229 N. Wakonda Street			Amount 441.89	
City Flagstaff	State AZ	Zip Code 86004	Transaction ID : SE.6302	
Purpose of Expenditure Lapel stickers and shirts for canvassers		Category/ Type 006	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2016	
Name of Federal Candidate: MURPHY, PATRICK E, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought 30649.90			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			883.78	
(a) SUBTOTAL of Unitemized Independent Expenditures				
(a) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Buchanan, Emily, , ,</u>			Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Campaign Graphics			<input type="checkbox"/> Memo Item		
Mailing Address 1229 N. Wakonda Street			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2016		
City Flagstaff	State AZ	Zip Code 86004	Amount 441.89		
Purpose of Expenditure Lapel stickers and shirts for canvassers NC		Category/ Type 006	Transaction ID : SE.6313 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2016		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 78890.89			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Campaign Graphics			<input type="checkbox"/> Memo Item		
Mailing Address 1229 N. Wakonda Street			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2016		
City Flagstaff	State AZ	Zip Code 86004	Amount 441.89		
Purpose of Expenditure Lapel stickers and shirts for canvassers NC		Category/ Type 006	Transaction ID : SE.6315 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2016		
Name of Federal Candidate: ROSS, DEBORAH K, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 57336.05			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			883.78		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Buchanan, Emily, , ,</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item Campaign Graphics			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address 1229 N. Wakonda Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">441.89</div>		
City Flagstaff	State AZ	Zip Code 86004	Transaction ID : SE.6326 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure lapel pins and shorts for canvassers		Category/ Type <div style="border: 1px solid black; padding: 2px;">006</div>	<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">26920.76</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
Full Name of Payee <input type="checkbox"/> Memo Item Campaign Graphics			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address 1229 N. Wakonda Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">441.89</div>		
City Flagstaff	State AZ	Zip Code 86004	Transaction ID : SE.6328 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure lapel pins and shorts for canvassers OH		Category/ Type <div style="border: 1px solid black; padding: 2px;">006</div>	<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Name of Federal Candidate: STRICKLAND, TED, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">21730.90</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">883.78</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Buchanan, Emily, , ,</i>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 29 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee <input type="checkbox"/> Memo Item Campaign Graphics		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2016 </div>	
Mailing Address 1229 N. Wakonda Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 441.89 </div>	
City Flagstaff	State AZ	Zip Code 86004	Transaction ID : SE.6336 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2016 </div>
Purpose of Expenditure Lapel Pins and shirts for canvassers UT		Category/Type 006	
Name of Federal Candidate: LOVE, MIA, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: UT	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4906.89 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Campaign Graphics		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2016 </div>	
Mailing Address 1229 N. Wakonda Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 441.89 </div>	
City Flagstaff	State AZ	Zip Code 86004	Transaction ID : SE.6338 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2016 </div>
Purpose of Expenditure Lapel Pins and shirts for canvassers UT		Category/Type 006	
Name of Federal Candidate: OWENS, H DOUGLAS, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: UT	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5348.78 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 883.78 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Buchanan, Emily, , , [Electronically Filed]

Date MM / DD / YYYY
 10 / 27 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Chain Bridge Bank				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2016	
Mailing Address 1445 McLaughlin Ave				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2500.00</div>	
City McLean		State VA		Zip Code 22101	
Purpose of Expenditure Gift cards for canvassers expenses- OH				Category/Type 002	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: OH	
Calendar Year-To-Date Per Election for Office Sought 29420.76				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Chain Bridge Bank				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2016	
Mailing Address 1445 McLaughlin Ave				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2500.00</div>	
City McLean		State VA		Zip Code 22101	
Purpose of Expenditure Gift cards for canvassers - OH				Category/Type 002	
Name of Federal Candidate: STRICKLAND, TED, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: OH	
Calendar Year-To-Date Per Election for Office Sought 32190.76				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 10px;">5000.00</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Buchanan, Emily, , ,</u>				Date MM / DD / YYYY 10 / 27 / 2016	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 31 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Facebook, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 1 Hacker Way			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 29 / 2016		
City Menlo Park		State CA		Amount 20.36	
Zip Code 94025		Purpose of Expenditure Ads		Transaction ID : SE.6460 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 29 / 2016	
Category/Type 004		Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
8477.86					
Full Name of Payee Headway Workforce Solutions			<input type="checkbox"/> Memo Item		
Mailing Address 421 Fayetteville St #1020			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2016		
City Raleigh		State NC		Amount 27705.04	
Zip Code 27601		Purpose of Expenditure Actual Canvasser Salary 9/1/16-9/31/16 FL, had reported estimate		Transaction ID : SE.6291 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2016	
Category/Type 001		Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: FL			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
92513.41					
(a) SUBTOTAL of Itemized Independent Expenditures			27725.40		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Buchanan, Emily, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 32 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2016	
Mailing Address 421 Fayetteville St #1020				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">27705.04</div>	
City Raleigh		State NC		Zip Code 27601	
Purpose of Expenditure Actual payroll for canvassers 9/1/16-9/30/16 FL, had reported estimate				Category/Type 001	
Name of Federal Candidate: MURPHY, PATRICK E, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: FL	
Calendar Year-To-Date Per Election for Office Sought 27705.04				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2016	
Mailing Address 421 Fayetteville St #1020				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2502.97</div>	
City Raleigh		State NC		Zip Code 27601	
Purpose of Expenditure Actual mileage for canvassers 9/1/16-9/31/16 FL, had reported estimate				Category/Type 001	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: FL	
Calendar Year-To-Date Per Election for Office Sought 95016.38				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;">30208.01</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Buchanan, Emily, , ,</u>				Date MM / DD / YYYY 10 / 27 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 33 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right;"> New report Amends report filed on M M / D D / Y Y Y Y Y Y </div>			
Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2016	
Mailing Address 421 Fayetteville St #1020		Amount 2502.97	
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6298 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2016
Purpose of Expenditure Actual mileage for canvassers 9/1/16-9/31/16, had reported estimate		Category/Type 001	
Name of Federal Candidate: MURPHY, PATRICK E, , ,		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought 30208.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2016	
Mailing Address 421 Fayetteville St #1020		Amount 24301.79	
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6305 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2016
Purpose of Expenditure Actual payroll for canvassers 9/1/16-9/31/16 NC, had reported estimate		Category/Type 001	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 74745.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures		26804.76	
(a) SUBTOTAL of Unitemized Independent Expenditures			
(a) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>Buchanan, Emily, , ,</u>		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 34 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
---	---

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Mailing Address 421 Fayetteville St #1020					
City Raleigh	State NC	Zip Code 27601	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">24301.79</div>		
Purpose of Expenditure Actual payroll for canvassers 9/1/16-9/31/16, had reported estimate			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Transaction ID : SE.6307 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Name of Federal Candidate: ROSS, DEBORAH K, ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">53190.70</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Mailing Address 421 Fayetteville St #1020					
City Raleigh	State NC	Zip Code 27601	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3703.46</div>		
Purpose of Expenditure Actual Mileage for canvassers 9/1/16-9/31/16 NC, had reported estimate			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Transaction ID : SE.6309 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">78449.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures	▶	28005.25
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	
(a) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

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10

27

2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 35 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 09 / 01 / 2016	
Mailing Address 421 Fayetteville St #1020			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3703.46</div>	
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6311 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 09 / 01 / 2016	
Purpose of Expenditure Actual Mileage for canvassers 9/1/16-9/31/16 NC, had reported estimate		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate: ROSS, DEBORAH K, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">56894.16</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 09 / 01 / 2016	
Mailing Address 421 Fayetteville St #1020			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8285.04</div>	
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6318 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 09 / 01 / 2016	
Purpose of Expenditure Actual payroll for canvassers 9/1-9/31/16 OH, had reported estimate		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">25511.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">11988.50</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bucanan, Emily, , ,
[Electronically Filed]

Signature _____ Date

MM / DD / YYYY

10 / 27 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 36 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY											
Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2016							
Mailing Address 421 Fayetteville St #1020				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8285.04</div>							
City Raleigh		State NC		Zip Code 27601							
Purpose of Expenditure Actual payroll for canvassers 9/1-9/31/16 OH, had reported estimate				Category/Type 001							
Name of Federal Candidate: STRICKLAND, TED, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: OH							
Calendar Year-To-Date Per Election for Office Sought 20321.76				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							
Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2016							
Mailing Address 421 Fayetteville St #1020				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">967.25</div>							
City Raleigh		State NC		Zip Code 27601							
Purpose of Expenditure Actual mileage for canvassers 9/1-9/31/16 OH, had reported estimate				Category/Type 002							
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: OH							
Calendar Year-To-Date Per Election for Office Sought 26478.87				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							
<table style="width:100%;"> <tr> <td style="width:60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width:40%; text-align: right;">▶ 9252.29</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;">▶ </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;">▶ </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶ 9252.29	(a) SUBTOTAL of Unitemized Independent Expenditures	▶ 	(a) TOTAL Independent Expenditures	▶
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 9252.29										
(a) SUBTOTAL of Unitemized Independent Expenditures	▶ 										
(a) TOTAL Independent Expenditures	▶ 										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature <u>Buchanan, Emily, , ,</u>				Date MM / DD / YYYY 10 / 27 / 2016							

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 37 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Headway Workforce Solutions			<input type="checkbox"/> Memo Item		
Mailing Address 421 Fayetteville St #1020			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2016		
City Raleigh	State NC	Zip Code 27601	Amount 967.25		
Purpose of Expenditure Actual mileage for canvassers 9/1-9/31/16 OH, had reported estimate		Category/Type 002	Transaction ID : SE.6324 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2016		
Name of Federal Candidate: STRICKLAND, TED, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought 21289.01			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
Full Name of Payee Hilton Garden Inn			<input type="checkbox"/> Memo Item		
Mailing Address 3232 Olentangy Riover Rd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 23 / 2016		
City Columbus	State OH	Zip Code 43202	Amount 1100.00		
Purpose of Expenditure Travel expenses		Category/Type 002	Transaction ID : SE.6441 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 23 / 2016		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought 33290.76			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures			2067.25		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Buchanan, Emily, , ,</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Hilton Garden Inn			<input type="checkbox"/> Memo Item		
Mailing Address 3232 Olentangy Riover Rd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 23 / 2016		
City Columbus		State OH	Zip Code 43202		Amount 1100.00
Purpose of Expenditure Travel Expenses			Category/ Type 002		Transaction ID : SE.6446 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 23 / 2016
Name of Federal Candidate: STRICKLAND, TED, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought 25080.90			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Hilton Garden Inn			<input type="checkbox"/> Memo Item		
Mailing Address 3232 Olentangy Riover Rd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 23 / 2016		
City Columbus		State OH	Zip Code 43202		Amount 1100.00
Purpose of Expenditure Travel Expenses			Category/ Type 002		Transaction ID : SE.6449 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 23 / 2016
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 8457.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			2200.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Buchanan, Emily, , , Signature			[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 39 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Hyatt Place			<input type="checkbox"/> Memo Item		
Mailing Address 6161 Park Center Circle			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2016		
City Dublin		State OH	Zip Code 43017	Amount 2250.00	
Purpose of Expenditure Hotel expense			Category/Type 002	Transaction ID : SE.6389 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2016	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			2790.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Hyatt Place			<input type="checkbox"/> Memo Item		
Mailing Address 6161 Park Center Circle			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2016		
City Dublin		State OH	Zip Code 43017	Amount 2250.00	
Purpose of Expenditure Hotel expense			Category/Type 002	Transaction ID : SE.6392 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2016	
Name of Federal Candidate: STRICKLAND, TED, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought			23980.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			4500.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Buchanan, Emily, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 40 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Thrifty Car Rental		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 16 / 2016 </div>	
Mailing Address 1534 Sunset Blvd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 540.00 </div>	
City Steubenville	State OH	Zip Code 43952	Transaction ID : SE.6376 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 16 / 2016 </div>
Purpose of Expenditure Van rental		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">540.00</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		2016	

Full Name of Payee <input type="checkbox"/> Memo Item Thrifty Car Rental		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 16 / 2016 </div>	
Mailing Address 1534 Sunset Blvd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 270.00 </div>	
City Steubenville	State OH	Zip Code 43952	Transaction ID : SE.6384 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 16 / 2016 </div>
Purpose of Expenditure Van Rental- OH		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate: STRICKLAND, TED, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">29690.76</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		2016	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">810.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">172541.58</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , , [Electronically Filed]
 Signature _____ Date

M M / D D / Y Y Y Y Y Y
 10 / 27 / 2016